

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE Refiling Sidetrack

Document Number:

400065595

Plugging Bond Surety

2004060

3. Name of Operator: BARRETT CORPORATION* BILL 4. COGCC Operator Number: 100715. Address: 1099 18TH ST STE 2300City: DENVER State: CO Zip: 802026. Contact Name: Elaine Winick Phone: (303)312-8168 Fax: (303)291-0420Email: ewinick@billbarrettcorp.com7. Well Name: Daves Well Number: 3S-11-39-188. Unit Name (if appl): n/a Unit Number: _____9. Proposed Total Measured Depth: 9828

WELL LOCATION INFORMATION

10. QtrQtr: NENW Sec: 11 Twp: 39N Rng: 18W Meridian: NLatitude: 37.659050 Longitude: -108.804100Footage at Surface: 638 FNL/FSL 1800 FEL/FWL FNL FWL11. Field Name: Wildcat Field Number: 9999912. Ground Elevation: 6701 13. County: DOLORES

14. GPS Data:

Date of Measurement: 03/23/2010 PDOP Reading: 1.1 Instrument Operator's Name: T.Barbee15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**Footage at Top of Prod Zone: FNL/FSL 1115 FNL 1803 FWL 500 FSL 1980 FWLBottom Hole: FNL/FSL 500 FSL 1980 FWLSec: 11 Twp: 39N Rng: 18W Sec: 11 Twp: 39N Rng: 18W16. Is location in a high density area? (Rule 603b)? Yes No17. Distance to the nearest building, public road, above ground utility or railroad: 607 ft18. Distance to nearest property line: 635 ft 19. Distance to nearest well permitted/completed in the same formation: 1250 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Gothic	GOSH	389-5	1418	Sec 2 & 11

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
 Spacing unit number 5. Section 2: Lots 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15 and 16, S½ Section 11: all. Total acres in lease below and distance to lease line are based on the spacing order boundary.

25. Distance to Nearest Mineral Lease Line: 500 ft 26. Total Acres in Lease: 1418

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: Evaporation and backfilling.

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	26	16	65	80		80	0
SURF	12+1/4	9+5/8	36	2,000	760	2,000	0
1ST	6+1/8	4+1/2	11.6	9,828	1,090	9,828	1,800

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments _____

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment? Yes No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Elaine Winick

Title: Sr. Permit Analyst Date: _____ Email: ewinick@billbarrettcorp.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER 05	Permit Number: _____ Expiration Date: _____
CONDITIONS OF APPROVAL, IF ANY:	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400065745	TOPO MAP	Daves 3-11-39-18 topo A.pdf
400065746	PLAT	Daves 3S-11-39-18 plat.pdf
400065747	MULTI-WELL PLAN	cld.pdf
400065749	DEVIATED DRILLING PLAN	Daves 3S BBC DRS 5-13-10.pdf
400065751	WAIVERS	30 Day Waiver - Daves 3N-S-11-39-18 & Daves 16N-S-3-39-18, dated 2-20-09.pdf

Total Attach: 5 Files